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U.S. PTO

ASSISTANT COMMISSIONER OF PATENTS AND TRADEMARKS  
Washington, DC 20231

09-08-00

PATENT

Date: September 7, 2000

File No. 0941.64727

A

Sir:

Transmitted herewith for filing is the patent application of

Inventor(s): Kenichi Hamada, Satoshi Furuta,  
Masakazu Taguchi

For: CLOCK ADJUSTMENT APPARATUS FOR A  
DATA REPRODUCTION SYSTEM AND AN  
APPARATUS HAVING A DATA . . .

I hereby certify that this paper is being deposited with the United States Postal Service as Express Mail in an envelope addressed to: Asst. Comm. for Patents, Washington, D.C. 20231, on this date.

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Date

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JC836 U.S. PTO  
09/656692  
09/07/00

Enclosed are:

- (X) 37 pages of specification, including 20 claims and an abstract.  
(X) an executed oath or declaration, with power of attorney.  
( ) an unexecuted oath or declaration, with power of attorney.  
( ) \_\_\_\_ sheet(s) of informal drawing(s).  
(X) 11 sheet(s) of formal drawings(s).  
(X) Assignment(s) of the invention to FUJITSU LIMITED.  
(X) Assignment Form Cover Sheet.  
(X) A check in the amount of \$40.00 to cover the fee for recording the assignment(s) is enclosed.  
(X) Information Disclosure Statement.  
(X) Form PTO-1449 and cited references.  
( ) Associate power of attorney.  
(X) Priority Document.

Fee Calculation For Claims As Filed

a) Basic Fee					\$ 690.00
b) Independent Claims	<u>3</u>	-	<u>3</u>	= <u>0</u>	x \$ 78.00 = \$ _____
c) Total Claims	<u>20</u>	-	<u>20</u>	= <u>0</u>	x \$ 18.00 = \$ _____
d) Fee for Multiple Claims					\$260.00 = \$ _____
Total Filing Fee					\$ 690.00

- (X) A check in the amount of \$690.00 to cover the filing fee is enclosed.

- (X) The Commissioner is hereby authorized to charge any additional fees which may be required to this application under 37 C.F.R. §§1.16-1.17, or credit any overpayment, to Deposit Account No. 07-2069. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 07-2069. A duplicate copy of this sheet is enclosed.

Suite 8660 - Sears Tower  
233 S. Wacker Drive  
Chicago, Illinois 60606  
(312) 993-0080

GREER, BURNS & CRAIN, LTD.

By: 

Patrick G. Burns

Registration No. 29,367